

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/761,793-Conf. #2289
	Filing Date	January 20, 2004
	First Named Inventor	Michael J. Bleau
	Art Unit	N/A
	Examiner Name	N/A
Attorney Docket Number		SHK-001CP

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 051414

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Because the petitioner's client has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	William Martin, CEO, SharkLids EyeGear, Inc.				
Address	415 Waterman Road				
City	South Royalton	State	VT	Zip	05068
Country					
Telephone			Email		
Signature	/Andrew L. Jagenow/				
Name	Andrew L. Jagenow			Registration No.	51,842
Date	September 24, 2007			Telephone No.	(617) 570-1905

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.